MAY 03	MU SEELCE SOLVE			. ,	ار (		<u> PAT</u>	ENT AP	PLICATION			
<b>k</b> .	EE AUTH Derial No. 09/3	EE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER							Attorney's Docket No: A-345C			
W & IB	<b>9</b> Frial No.		Filing Da		Examiner		Group Ar	t Unit				
	In Re Application	66,133 of	į Ai	ugust 2, 1999	G. Draper			1647				
	In Re Application of Pelleymounter et al.											
	For	For										
	OB Protein Compositions and Methods											
	TO THE ASSISTANT COMMISSIONER FOR PATENTS:  Applicant requests the following extension of time under 27 CER 1.136(a):											
	<ul> <li>☑ Applicant requests the following extension of time under 37 CFR 1.136(a):</li> <li>☐ One month of original due date (\$110.00)</li> <li>☐ Two months of original due date (\$390.00)</li> <li>☐ Three months of original due date (\$890.00)</li> <li>☐ Four months of original due date (\$1,390.00)</li> <li>☑ Five months of original due date (\$1,890.00)</li> <li>☑ A response in connection with the matter for which this extension is requested:</li> <li>☐ is filed herewith.</li> <li>☐ has been filed.</li> </ul>											
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•												
	_		ng of a cor	ntinuing prosecution a	application, the prior a	policatio	on having a	an expres	ss			
	The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.											
	☐ The acc	companying papers	include an	nended claims for wh	ich no additional fee i	s requir	ed.					
	☐ The acc	companying papers	include an	nended claims the fe	e for which has been o	calculate	ed as follov	ws:				
إ	CLAIMS AS AMENDED											
	(1)	(2)	(3)	(4)	(5)		(6)		(7)			
		Claims remaining After amendment		Highest number Previously paid for	No. of Extra claims present		Rate		Additonal Fee			
t	Total Claims	*	Minus	** =	0	х	\$18	=	\$ 0.00			
	Indep. Claims	*	Minus	*** =	0	х	\$80	=	0.00			
}	First Appearance of a multiple dependent claim						\$270	=	0.00			
Į.	Total Additional Fee for this Amendment  * If the entry in column 2 is less than the entry in column 4, write "0" in column 5.								\$0.00			
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.											
	"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.  The following other fees are incurred by the accompanying papers.  Other:											
•	Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,890.00. A duplicate copy of this petition is attached.  ☑ If an additional extension of time is required, please consider this a request therefore.  ☑ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.											
	Please Send Future Correspondence To:											
	US Patent Operations/JDE Sound Cogget											
λΛ1	Dept. 4300, M/S 27-4-A											
	One Amgen Center Drive Registration No.:32,980											
128		housand Oaks, California 91320-1799 Phone: (805) 447-1256										
				D:	ate: May 3, 2001							

**EXPRESS MAIL CERTIFICATE** 

*Express Mail* mail labeling number:	EL360695113US	Date of Deposit:	May 3, 2001						
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box CPA, Washington, D.C. 20231  S.L. S.T. ANDREW  On the date indicated above and is addressed to the Assistant Commissioner for Patents, Box CPA, Washington, D.C. 20231  S.L. S.T. ANDREW									
	and blome	-	Clanatura						